Date Rec'd	
Payment Amt	
Assigned by	
Staff	



## **Talbot County Department of Parks and Recreation**

10028 Ocean Gateway...Easton, MD...21601...Phone 410-770-8050...Fax 410-822-7107

## **Decoy Tailgate Show Application**

Please attach a copy of driver's license to application
PLEASE PRINT

	<u>I LLA</u>	ISE I KIIVI		
Name of Cor	ntact Person			
Address				
City		_ State	Zip	
Phone (home	(cell)_	(cell)		
E-Mail Addr	ess			
Type of vehic	cle	State	Tag No	
Configuration: Sign	de by Side Back	to Back	(please check all whic	h apply):
Tuesday, Nov 11, 2014: 1	•	-	-	
Wednesday, Nov 12, 2014: 1				
Thursday, Nov 13, 2014: 1	space2 spaces_	3 spac	es4 spaces	
_	Handicap Parking: y	es	no	
	\$25.00 per	r space per day		
	Please make che	cks payable to	TCPR	
Price listed is for spaces only, no tal full payment with completed applic first serve basis. Any spaces that are	ation. If space is available a	ifter November 11,	2014 new vendors will be a	
I acknowledge that I have complete una agree to assume all such risk. I hereby harmless from and against any and all li limitations personal injuries and/or deat the Decoy Tailgate Show offered by the I	release, discharge, indemnify ability, claims, actions, suits, c h, medical expenses, and econo	, and agree to hold lamages, losses, or to omic damages arisin	l Talbot County, Md., its offi injuries of any kind, nature, d ng or incurred as a result of a	cers, agents, and employees escription, including without
I have read and agree to the	terms and conditions	stated in this a	application.	
SIGNATURE:	NAME (	Printed)		DATE: